



Hampshire County Council.

REPORT

of the

County Medical Officer,

ROBERT A. LYSTER, M.D., Ch.B., B.Sc., D.P.H.,

for the Year

1923

(Including the Thirty-fourth Annual Health Returns and Statistics).

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HAMPSHIRE COUNTY COUNCIL.

REPORT FOR THE YEAR 1923

BY THE

COUNTY MEDICAL OFFICER.

The year 1923 was not marked by any special feature. It was rather a year of routine steady work along well-established lines, carried out with no little difficulty owing to shortage of staff, both medical and clerical. While the Birth Rate was practically stationary, the Death Rate fell to the satisfactory figure of 10·4 per 1,000, the lowest on record, with the exception of that in 1910 when the rate was 10·3 per 1,000. The rate of Infant Mortality (deaths under one year per thousand births registered), fell to 51, a figure which has only once previously been reached.

One special circumstance in the year 1923 resulted from the recommendation of the County Administration and Expenditure Committee, to which reference has been made in previous Reports. In accordance with that recommendation the Public Health and Housing Committee made an exhaustive investigation into the working of the Public Health Department generally, with particular reference to the possibility of dispensing with some of the whole-time staff, and substituting these officers by local medical practitioners and nurses employed part-time only. The preparation of the reports required by the Committee entailed a very considerable amount of labour and research, and occupied a large amount of time, thereby throwing the ordinary work of the Department still further in arrear. Although perhaps it would be desirable in some ways to quote the reports here, it is not proposed to do so, as they are necessarily lengthy and would make this report far too bulky. The result of the investigation was completely satisfactory from the point of the view of the County Medical Officer and his staff, and the following is, substantially, the Report which the Sub-Committee, specially appointed for the purpose, presented to the Public Health Committee and which was adopted by that Committee and the County Council.

“ The County Council on the 26th February, 1923, on the consideration of the Report of the Committee on County Administration and Expenditure, passed the following Resolutions:—

1. Voluntary Organisations.

That this Council desire that the services of the Voluntary Organisations working in the County should be utilised as much as possible, and that the Public Health Committee be instructed accordingly.

2. Administration.

That the following paragraph of the Report of the Special Committee be referred to the Public Health Committee for their consideration and report:—

The Committee consider that it is important from the point of view of efficiency, as well as economy, that a thorough revision of the present system should be instituted with the object of employing fewer whole-time officers, by the appointment of three or four specialists and the delegation of the routine work of each district to local practitioners and nurses, many of whom have had considerable and, in some cases, special experience in those branches of medicine.

“ This involved the consideration of the whole question of the public health services with regard to the medical inspection of school children, tuberculosis, maternity and child welfare, mental deficiency, and venereal diseases.

Medical Services.

“ The Sub-Committee have considered the suggestion that the services of local medical practitioners should be utilised for the routine work of each district, and they do not regard the proposal as practicable. Whether the local practitioner was remunerated by fees, or whether his part time services were engaged at a salary, the aggregate payments to be made for the work which they undertook would of necessity be greater than the salaries paid to whole-time officers or the proportions of those salaries attributable to the particular work; and, in connection with School Inspection, the difficulty would arise of securing regularity of attendance during the limited time of a School session from a general practitioner who has other, and often paramount claims on his time. There would, in addition, be a large increase in the clerical work of the department at Winchester. The only off-set to increased expenditure would be a saving in the cost of travelling, but that presupposes that it would not be necessary for Assistant County Medical Officers to be covering the same ground on other duties, and it appears clear that not only supervision, but also particular branches of the public health work and specialist work would still have to be carried out by other than local practitioners. The Sub-Committee, moreover, have reason to think that a scheme whereby local medical practitioners were asked to submit their cases for conference with other medical practitioners in the district would not be regarded by the medical profession as generally acceptable, and they accordingly do not regard this proposal as either practicable, or, if practicable, as likely to result in economy.

“ A suggestion was made on behalf of the Medical profession that a Clinical Tuberculosis Officer should be appointed at such a salary as would command the services of a Doctor with wide experience as a Consultant.

“ The proposal for the engagement of a special Clinical Tuberculosis Officer is not a new one, and an appointment of this kind was tried for about three years, beginning in 1914. The arrangement was not found to work well, and no general advantage was taken by the private practitioners of the services of this Officer, while the large area of the County makes it very difficult to arrange for consultations. After this appointment was discontinued, a sum of £200 was set aside for the purpose of enabling the County Medical Officer to secure the services of a Specialist in Tuberculosis as Consultant when required, and it is significant that on no occasion has it been necessary to arrange for these services, and that no part of the sum allocated for the purpose has been expended.

“ An alternative suggestion, made on behalf of the medical profession that one or more of the Assistant County Medical Officers, specially selected for their experience, should be allocated solely as clinical tuberculosis officers or for mental deficiency work, has been carefully considered.

“ Although it is possible that in some respects the employment of specialists might conduce to increased efficiency, the Sub-Committee are of opinion that it would not tend to economy, owing to the increased amount of travelling involved. There are at present nine dispensaries in the County, at each of which a Medical Officer attends on an average two days a week, and there are also a number of visits for consultation to be made to patients in their homes, and, unless the dispensary work is to be reduced—and this is a matter more for the Committee than for the Sub-Committee—it would be necessary, if any system of specialists were to be set up, to allocate not less than three whole-time Doctors as clinical tuberculosis officers alone.

“ At the present time, apart from three part-time tuberculosis officers, the nine Assistant Medical Officers are each engaged upon all the branches of the public health work (including Tuberculosis) arising in his district, and, in addition, one of them acts as Superintendent of the County Tuberculosis Sanatorium. In cases of difficulty, any one officer is able to call into consultation another Assistant Medical Officer, but, apart from difficult cases, this system avoids the necessity of two medical officers travelling over the same area.

“ Assuming that three of the Assistant Medical Officers were allocated to tuberculosis alone, and that no allocation of a special officer were made for work under the Mental Deficiency Act, it does not appear to the Sub-Committee that the remaining six whole-time Assistant Medical Officers would, with the increased area which they would have to cover, be sufficient to deal with the remainder of the public health services in the County. If the Committee were satisfied that the appointment of specialist officers would tend to increased efficiency—as to which there is some conflict of opinion—the County Medical Officer might be asked to submit a scheme for making provision of this kind. The Sub-Committee are, however, charged with the consideration primarily of economy, and, as they are satisfied that such a system would result not in a reduction but in an increase of expenditure, they are not able to recommend its adoption.

Health Visitors and Voluntary Organisations.

“ On the question of the increased use of the services of voluntary organisations, the Public Health Committee in May, 1923, on the consideration of a Report of a Special Sub-Committee, adopted proposals for the further utilisation of the services of the Hampshire County Nursing Association for extending the midwifery service throughout the County, and the Scheme then adopted is now in course of development, and need not be further referred to in this Report.

“ The Sub-Committee have considered the question as to how far the services, or some of them, now performed by Health Visitors, could be carried out by means of the Nurses in the service of the Local Nursing Associations.

“ The services performed by the Health Visitors relate principally to the following matters, namely, the medical inspection of children (in schools and in their own homes), tuberculosis (including attendance at Dispensaries and home visiting), and maternity and child welfare. The District Nurses, having to deal not only in midwifery practice but also with the ordinary cases of emergency illness or accident, could not, without detracting from their usefulness as District Nurses, be engaged upon routine employment requiring their attendance at schools or elsewhere at fixed times. In addition, each District Nurse by having a very small amount of public health work allocated to her would not gain the same experience, and there would be difficulty in securing the same uniformity in the work throughout the County, particularly so as the qualifications of the District Nurses and their experience of public health work must of necessity vary very largely. The fact that the Nurse engaged in connection with the medical inspection of school children would ordinarily be the Visitor to enquire into cases of infectious disease amongst the children or in their homes, renders it undesirable that this work should be undertaken by Nurses engaged in midwifery practice.

“ Very similar considerations arise with regard to work in connection with tuberculosis, and with regard to home visiting of the mothers of newly-born children, the Committee have already expressed the opinion, with which the Sub-Committee concur, that these visits made after the services of the Midwife have come to an end, can, with most advantage, be made by a Nurse who has not been the Midwife engaged in the case, and is, in addition, not engaged in private practice in the same locality.

“ For the reasons given above, the Sub-Committee are satisfied that the same standard of efficiency could not be secured by engaging the services of the Nurses employed by the Local Nursing Associations, even assuming, which is doubtful, that those Associations were prepared to place the services of their Nurses at the disposal of the Public Health service; and it is obvious that unless the local Associations can make complete provision for the whole County area, there must be wasteful duplication.

“ On the question of economy, the Sub-Committee feel that it is not always sufficiently borne in mind that while the Nursing Associations perform very valuable services in connection with district nursing, and are successful in raising a considerable proportion of their expenses on these services by voluntary subscriptions, these Associations have no funds available for carrying out public health work, and there is no reason to anticipate that they will be able to raise by private subscription any portion of the cost of the public health work, and moneys will have to be found for the payment of the Nurses of the voluntary organisation employed upon this work. The utilisation of the services of their Nurses for public health work would probably

involve some increase in the number of District Nurses, and would certainly involve the making of grants from the County Fund to the Associations to meet that portion of their expenditure represented by the public health work undertaken by them, and there is no reason to think that the grants which it would be necessary to make would be less in the total amount than the salaries and expenses of the Health Visitors. There would, in addition, be the increased clerical work at Winchester, owing to the larger number of Nurses amongst whom the work would be divided. It must be remembered that under the present arrangement, the services of the Health Visitors can be transferred in an emergency to any part of the County where there may be urgent need for assistance; that elasticity would disappear if the services of the District Nurses were substituted, and there would also be difficulty of control arising from the fact that the Nurse was partly responsible to two different bodies.

"The Committees have not been unmindful in the past of the interests of the Voluntary Organisations or of the desirability of making use of their services wherever practicable. Voluntary Associations and services are utilised extensively in connection with Maternity and Infant Welfare Centres all over the County, and also in connection with the treatment of school children. The Hampshire Association for the Care of the Blind act for the County Council in connection with the promotion of the welfare of the blind, and the Hampshire Voluntary Society act in accordance with the home supervision and home visiting of the mentally defective, in each case with the aid of grants towards their expenses of central administration and with the aid of voluntary visitors in the different parts of the County; the services of the Hampshire County Nursing Association are utilised in connection with the supervision of midwives. That the Committee have not overlooked the interests of voluntary associations is shown by the fact that when there was difficulty in providing for midwifery services in various parts of the County, and the question of carrying out these services by means of additional Health Visitors was under consideration, the Committee, being impressed with the view that if these midwifery services were carried out by whole-time officers it would be difficult to keep alive the existing organisation for district nursing, acquiesced in that view and approved of a scheme whereby the Hampshire County Nursing Association should provide the midwifery services required, combining that work with district nursing and receiving in respect of it further grants from the County Fund.

"In the case of certain isolated areas, Nursing Associations at the request of the Committee undertook the duties of the County Health Visitors, and this arrangement was made in respect of 20 school areas with a total average school attendance of 73·4. Since the arrangement was entered into, certain of these Associations have withdrawn, reducing the number of the school areas so dealt with to 15, with an average school attendance of 70, and it does not appear that schemes of this kind can with advantage be extended to other districts.

"Much valuable work is at present being carried out by voluntary organisations as mentioned above, and substantial pecuniary aid is being given to these associations by the County Council, but the Sub-Committee on a review of the whole position, are doubtful if any real economy could be effected by transferring to the voluntary organisations all or any of the services now performed by the Health Visitors, and feel that if there were any small economy, it could only be secured at the expense of efficiency, and for these reasons they cannot recommend the Committee to adopt the suggestions of the Committee on County Administration and Expenditure."

Expenditure.

The expenditure upon public health services continues to be small having regard to the amount of work carried out and to the cost of other County Council services. The accompanying tables show that during the financial year ended the 31st March, 1924, the gross expenditure by the Public Health Committee upon tuberculosis, maternity and child welfare, venereal diseases, infectious diseases, county bacteriological and chemical laboratories, in connection with the Blind Persons' Act, and other public health services, totalled £39,715, and the receipts from Government Departments and other sources amounted to £21,274, leaving a nett expenditure from the County rates of £18,441, thereby entailing a rate of slightly over 1½d. in the £. The average for the four years 1920-24 was £16,239.

Nett Expenditure on Public Health Services.

	Year ended 31st March 1920	Year ended 31st March 1921	Year ended 31st March 1922	Year ended 31st March 1923	Year ended 31st March 1924	Average 1920-1924
Tuberculosis ...	£ 11,432	£ 13,295	£ 4,521	£ 10,173	£ 12,944	£ 10,473
Maternity and Child Welfare	2,735	6,527	2,815	3,561	3,871	3,902
Venereal Diseases, etc. ...	4,956	*—43	1,294	1,487	1,626	1,864
Total ...	£19,123	£19,779	£8,630	£15,221	£18,441	£16,239
Rate of	2d.	2d.	2d.	1½d.	1¾d.	1½d.

*The receipts exceeded the payments by this amount.

With regard to the individual services, it may be noticed that the gross expenditure upon Tuberculosis was £28,616, as compared with £28,379 in the previous year. The receipts, however, fell from £18,206 to £15,672, making a nett expenditure of £12,944 as compared with £10,173. The average nett expenditure for the past five years was £10,473. In connection with Maternity and Child Welfare the gross expenditure in 1923-24 also approximated closely to that of the previous year, the figures being £7,525 and £7,469 respectively. The receipts in 1923-24 were £3,654 and the nett expenditure was therefore £3,871 as against £3,561 in the previous year, and an average of £3,902. Expenditure in connection with the treatment of venereal diseases totalled £2,679 as compared with £3,162 in the previous year, while the receipts were £1,689 as against £1,745, making a nett expenditure of £990 as compared with £1,417.

Public Health Expenditure in 1923-1924.

	Gross Expenditure	Receipts	Nett Expenditure	Average Annual nett expenditure 1920-1924
Tuberculosis ...	£ 28,616	£ 15,672	£ 12,944	£ 10,473
Maternity and Child Welfare ...	7,525	3,654	3,871	3,902
Venereal Diseases ...	2,679	1,689	990	} 1,864
Other Services ...	895	259	636	
Total ...	£39,715	£21,274	£18,441	£16,239

Area and Population.

The Administrative County, which comprises 16 urban and 22 rural districts, has an area of 935,195 acres. The population at the census of 1921 was found to be 410,223, and the Registrar General's estimate at the middle of the year 1923 was 416,100 for purposes of birth rates, and 395,978 for death rate purposes. In both cases the figure is slightly in excess of the estimate for the

previous year. It is somewhat inconvenient to have two "populations" in this way, but the Registrar General is of opinion that thereby it is possible to give more accurately the vital statistics of the area, and that this is specially desirable in connection with a county whose population includes considerable numbers of sailors, soldiers, and airmen. In dealing with birth rates these men are included in the population, while in calculating death rates they are omitted.

Birth Rate.

There was a further slight fall in the birth rate in the year 1923, the figure being 19·2 per 1,000 as compared with 19·4 in the previous year. In the Urban areas the rate was 20 per 1,000, while in the Rural it was 18·6. The average for the 10 previous years was 21 births per 1,000. It is noticeable that at one time there was a fairly substantial difference between the rate in this County and that for England and Wales, the advantage being with the country as a whole, but now the figures are very much alike, the rate for England and Wales during the year 1923 being only 0·5 above that for the Administrative County.

The lowest birth rates in the urban districts were in Christchurch (14·9), Lymington (15·8), Petersfield (16·4), and Havant (16·6); and the highest, in Aldershot (23·4), Romsey (21·8), Farnborough (21·1), and Gosport (20·7). The rural districts in the County with the lowest birth rates were Stockbridge (14·2), Havant (16·2), Petersfield (16·3), Catherington (17·1), and Fordingbridge (17·1); and those with the highest were Andover (22·8), Alton (22·1), Hursley (20·6), Kingsclere (19·9), and Hartley Wintney (19·7).

Births occurring in the County since 1913.

Year	Urban Districts		Rural Districts		Administrative County		Rate in England and Wales
	Number	Rate	Number	Rate	Number	Rate	
1913	4808	23·0	4655	20·4	9463	21·4	23·9
1914	4781	20·3	4485	19·0	9266	19·8	22·2
1915	4001	18·7	4204	17·8	8205	18·2	22·0
1916	4416	22·8	4146	18·5	8562	20·5	20·9
1917	3712	18·8	3426	15·8	7138	17·2	17·8
1918	3832	18·9	3722	16·3	7554	17·5	17·7
1919	3778	19·1	3889	17·7	7667	18·4	18·5
1920	5107	26·3	5456	25·1	10563	25·7	25·4
1921	3886	21·2	4454	20·0	8340	20·5	22·4
1922	3653	19·6	4321	19·2	7974	19·4	20·6
Average 1913-1922	4197	22·2	4276	19·9	8473	21·0	21·1
1923	3761	20·0	4240	18·6	8001	19·2	19·7

Death Rate.

In the year 1922 it was necessary to chronicle an unexpected and surprising increase in the death rate, the figure for that year having been 11·3 deaths per 1,000 of the population as compared with 10·8 in the previous year. The increase was not expected as there was no reason to believe that the death rate was not on the down grade generally, and it was hoped that this rather inexplicable advance was only temporary. Already this hope has been realised, and in 1923 the rate was only 10·4 per 1,000, the lowest recorded, except in the year 1910 when the figure was 10·3. The average for the past decade is 12 deaths per 1,000, and the rate recorded for the year 1923 can, therefore, be regarded as satisfactory. Attention has been drawn on several occasions to the remarkable fact that, contrary to the usual experience, the death rate in this County is usually higher in the rural than in the urban districts, the explanation probably being that many of the towns have nearly all the advantages of an ordinary rural district in addition to other advantages not to be found in country places. The average rates for the past ten years were 11·7 in the urban districts, and 12·2 in the rural, but in the year 1923 there was a uniform rate of 10·4.

The chief causes of death were Heart Disease (662), Cancer (555), Cerebral Hæmorrhage (271), Pulmonary Tuberculosis (269), Congenital Debility, Malformation, etc. (220), and Bronchitis (219). Of the 4,123 deaths occurring in the County, 1971, or 48 per cent., were of persons over 65 years of age. The number of deaths of persons of 75 years of age and upwards was 1,157, no less than 28 per cent. of the total. This is not an unusual occurrence, as the corresponding percentages in 1923 were 48 and 28 respectively.

Deaths occurring in the County since 1913.

Year	Urban Districts		Rural Districts		Administrative County		Rate in England and Wales
	Number	Rate	Number	Rate	Number	Rate	
1913	2162	10·3	2513	10·8	4675	10·6	13·7
1914	2309	9·8	2687	11·5	4996	10·7	13·6
1915	2576	14·2	2917	13·7	5493	13·9	15·7
1916	2336	13·1	2584	12·6	4920	12·8	14·4
1917	2276	12·9	2615	13·4	4891	13·1	14·4
1918	2521	13·9	2924	14·4	5445	14·2	17·6
1919	2187	11·5	2726	12·9	4913	12·3	13·8
1920	2046	10·6	2387	11·0	4433	10·8	12·4
1921	1860	10·9	2363	10·8	4223	10·8	12·1
1922	1920	11·1	2551	11·5	4471	11·3	12·9
Average 1913-1922	2219	11·7	2627	12·2	4846	12·0	14·1
1923	1812	10·4	2311	10·4	4123	10·4	11·6

Infant Mortality.

Infant mortality is the number of deaths of children under one year, calculated per thousand births registered in the same period. The rate for the year 1923 was the lowest on record, namely 51 per 1,000, as compared with 52 in the previous year, an average of 64 for the past ten years, and with 69, the rate for England and Wales in the year 1923. Attention has been drawn earlier in this Report to the remarkable fact that, contrary to the usual experience, the general death rate in the Administrative is usually higher in the Rural districts than in the Urban, and one would expect this to apply also to deaths of children under the age of twelve months. In point of fact, however, the rate in the Urban districts during 1923 was 54 per 1,000, while in the Rural areas it was only 49, and the corresponding averages for the previous 10 years were 67 and 61 respectively. It is worthy of mention that the total number of deaths of children under one year in 1923 was only 409 as compared with 671 ten years previously.

Deaths of Children under One Year since 1913

Year	Urban Districts		Rural Districts		Administrative County		Rate in England and Wales
	Number	Rate	Number	Rate	Number	Rate	
1913	378	78	293	63	671	71	108
1914	341	71	300	66	641	68	105
1915	342	85	329	78	671	82	110
1916	293	66	235	57	528	62	91
1917	285	77	220	64	505	71	96
1918	258	67	227	61	485	64	97
1919	216	57	273	70	489	64	89
1920	271	54	268	49	539	51	80
1921	226	58	234	53	460	55	83
1922	194	53	222	51	416	52	77
Average 1913-1922	280	67	260	61	540	64	94
1923	203	54	206	49	409	51	69

The rural districts of the County with the highest infant mortality rate were South Stoneham (70), Stockbridge (67), Fareham (64), Hursley (63), and Romsey (63); and those with the lowest were Catherington (15), Alresford (29), Christchurch (31), Fordingbridge (37), Alton (39), and Ringwood (39). In the urban districts of the County the highest infant mortality rates were in Christchurch (85), Lymington (69), Winchester (67), and Fleet (65); while the lowest rates were in Romsey (19), Havant (27), Alton (31), Petersfield (31), and Basingstoke (40).

Notification of Births.

The Notification of Births Act, 1907, was adopted by the County Council in 1914, and came into operation in the Administrative County—with the exception

of the City of Winchester, the Borough of Aldershot, and the Rural District of Winchester, in which it was already in force—in October of that year. The Winchester Rural District Council having decided to hand over their responsibility in respect of the Notification of Births Act to the County Council, an Order confirming this was issued by the Ministry of Health, and took effect from the 1st November, 1920. The County Council is, therefore, the Local Authority for the purposes of the Notification of Births Act for the whole area, with the exception of the City of Winchester and the Borough of Aldershot.

The Notification of Births (Extension) Act, 1915, brought the Notification of Births Act, 1907, into force all over the country, and gave extensive powers to County Councils to make arrangements for ante-natal and post-natal work. The Public Health Committee of the County Council was constituted the Committee under this Act, and as the work is so intimately associated with the question of the supervision of midwives, the Midwives Act Committee of the County Council was merged into the Public Health Committee.

Notifications Received.

YEAR	BORN LIVING			BORN DEAD			GRAND TOTALS		
	Male	Female	Total	Male	Female	Total	Male	Female	TOTAL
1916	3486	3335	6821	129	97	226	3615	3432	7047
1917	2928	2658	5586	100	85	185	3028	2743	5771
1918	3040	2799	5839	100	102	202	3140	2901	6041
1919	3144	2897	6041	120	91	211	3264	2988	6252
1920	4515	4197	8712	163	129	292	4678	4326	9004
1921	3506	3331	6837	122	87	209	3628	3418	7046
1922	3331	3145	6476	137	86	223	3468	3231	6699
1923	3332	3161	6493	127	85	212	3459	3246	6705

All doctors and midwives in the County are supplied by the County Medical Officer with cards on which they are required to notify births attended by them. When a notification is received of a birth attended by a midwife the case is visited as soon as can be arranged in conjunction with the Health Visitor's other work, and advice is given to the mother as to how to take care of her child. During the year 1923 the number of "primary" visits was 5,590, and of revisits was 6,854, a total of 12,444. A pamphlet on the subject, written by the County Medical Officer, is left with the mother at the same time. These visits are greatly appreciated, not only by most of the mothers, but by the majority of the midwives also.

Failures to Notify.

Year.	Total.	Attended by Doctor.	Attended by Midwife.
1916	216	151	65
1917	130	106	24
1918	148	122	26
1919	117	73	44
1920	71	47	24
1921	64	46	18
1922	93	70	23
1923	55	48	7

The Public Health Committee may be congratulated on the successful working of the Notification of Births Act in this County. Of the total number of births notifiable to the County Medical Officer, less than one per cent. were not notified during the year 1923. It is doubtful whether any other area can produce a record such as this, and quite recently it was claimed as a success by another Authority that 70 per cent. of the births occurring in the area were notified. When this is compared with Hampshire's 99 per cent. the position of the County

in this respect will be appreciated. The observance of the provisions of the Act by the midwives practising in the County is specially satisfactory and, as will be seen, in only seven cases in 1923 did a midwife fail to notify. These unusually high returns are undoubtedly due largely to the excellent relations that have existed, from the commencement, between the Health Department and the medical practitioners and midwives.

Maternity Centres.

The outstanding feature in connection with Maternity and Child Welfare is the voluntary worker. Amidst all the loose talking about the valuable services rendered by "voluntary workers," it is a pleasure to be able to refer to the genuine services of considerable value rendered by the large numbers of women who give their time to maternity and child welfare work. It is probable that there are more maternity centres and more voluntary workers in Hampshire in proportion to the population than in any other area in England, and this is due to the way in which so many enthusiastic workers have been encouraged to come forward and offer voluntary service. The County Medical Officer has done everything possible to encourage this, as he is strongly in favour of real voluntary work. It would be possible to extend the number of centres almost indefinitely, but it is desirable to have some whole-time workers at each centre for purposes of co-ordination, etc., and this puts a limit on the number of centres that can be authorised. An increase in the whole-time staff is urgently necessary if this important work is to be developed to its maximum possible extent.

The accompanying table gives in the form of statistics some particulars of the successful working of these centres. In perusing the table it is worth bearing in mind that the amount of grant authorised by the Council to be paid for the general expenses of these Centres—all of them voluntary—is only £400 a year, and this fact in itself is a tribute to the genuine enthusiasm and working capacity of the voluntary workers.

CENTRE	New Cases				Subsequent Attendances				Total Attendances	Total Sessions	Average Attendance per Session
	Children	Expectant Mothers	Other Mothers	Total	Children	Expectant Mothers	Other Mothers	Total			
Alton	66	1	47	114	668	15	784	1467	1581	46	34
Andover	78	—	65	143	1589	20	1306	2915	3058	42	73
Appleshaw	28	1	32	61	65	—	60	125	186	12	15
Basing	16	1	15	32	151	5	120	276	308	12	25
Basingstoke	160	1	140	301	2622	13	2363	4998	5299	52	102
Botley	31	—	23	54	661	6	548	1215	1269	25	51
Breamore	15	—	9	24	173	—	107	280	304	12	25
Brockenhurst	19	3	18	40	676	4	513	1193	1233	12	103
Broughton	5	3	4	12	86	4	70	160	172	8	21
Christchurch	64	—	57	121	1329	10	1066	2405	2526	24	105
Cove	33	—	30	63	675	1	518	1194	1257	22	57
Eastleigh	156	—	132	288	1506	—	1221	2727	3015	45	67
Emsworth	31	—	28	59	667	—	476	1143	1202	20	60
Fareham	62	3	49	114	1087	—	1309	2396	2510	38	66
Farnborough	46	—	38	84	869	1	629	1499	1583	46	34
Fawley	25	—	19	44	363	—	246	609	653	20	33
Fleet	36	—	32	68	434	6	463	903	971	24	40

CENTRE	New Cases				Subsequent Attendances				Total Attendances	Total Sessions	Average Attendance per Session
	Children	Expectant Mothers	Other Mothers	Total	Children	Expectant Mothers	Other Mothers	Total			
Fordingbridge ...	13	—	10	23	278	3	195	476	499	19	26
Gosport ...	109	3	88	200	2609	56	2492	5157	5357	46	116
Grayshott ...	13	—	11	24	408	13	289	710	734	52	14
Hatherden ...	12	—	6	18	87	—	64	151	169	9	19
Havant ...	6	—	4	10	50	1	31	82	92	8	11
Hawley ...	20	—	17	37	309	5	247	561	598	23	26
Hook ...	17	1	14	32	109	2	128	239	271	11	24
Houghton ...	9	—	4	13	133	—	97	230	243	10	24
Hurstbourne Priors ...	4	—	3	7	75	2	45	122	129	10	13
Hythe ...	29	—	32	61	320	8	601	929	990	22	45
Kings Somborne ...	104	—	88	192	619	—	451	1070	1262	22	57
Lee-on-Solent ...	19	—	1	20	204	4	9	217	237	22	11
Liss ...	35	—	—	35	230	—	—	230	265	19	14
Lockerley ...	43	—	31	74	71	—	55	126	200	8	25
Lymington ...	11	—	9	20	108	—	113	221	241	10	24
Micheldever ...	13	2	4	19	206	1	162	369	388	12	34
Milford ...	12	—	7	19	181	—	136	317	336	10	33
Millbrook ...	12	—	3	15	412	11	304	727	742	24	31
Mottisfont ...	10	—	5	15	201	2	200	403	418	23	18
New Milton ...	9	1	8	18	187	5	147	339	357	24	14
Oakley ...	5	—	5	10	102	2	77	181	191	12	16
Odiham ...	26	—	17	43	337	1	230	568	611	44	14
Overton ...	18	—	6	24	248	—	184	432	456	19	24
Over Wallop ...	7	—	5	12	56	—	47	103	115	9	12
Pennington ...	4	—	4	8	103	—	71	174	182	11	16
Preston Candover ...	9	—	4	13	203	6	195	404	417	11	38
Ringwood ...	44	1	32	77	305	1	239	545	622	11	56
Romsey ...	52	1	27	80	567	5	459	1031	1111	25	44
Rownhams ...	5	—	1	6	65	—	58	123	129	12	11
St. Marybourne ...	15	—	9	24	169	—	125	294	318	10	32
Sway ...	8	1	9	18	78	—	59	137	155	10	15
Thorney Hill ...	10	—	9	19	72	—	37	109	128	12	11
Totton ...	44	—	32	76	1206	11	918	2135	2211	44	50
Upper Clatford ...	16	—	15	31	189	4	147	340	371	10	37
Waterlooville ...	18	5	14	37	363	9	359	731	768	22	35
Weyhill ...	21	—	15	36	132	—	161	233	269	12	22
Whitchurch ...	20	—	4	24	159	—	—	159	183	12	15
County ...	1693	28	1291	3012	24772	237	20871	45880	48892	1130	43

Fees of Doctors called in by Midwives.

Section 14 of the Midwives' Act, 1918, requires the County Council, as the Local Supervising Authority, to pay the fees of medical men called in by midwives. The scale of payment is fixed by the Ministry of Health. The same Section gives the County Council power to recover the whole or any portion of the fee from the patient or from the husband or other person liable to maintain the patient either summarily or otherwise as a civil debt, unless it be shown to their satisfaction that the patient or her husband or such other person is unable by reason of poverty to pay such fee.

Although there is this legal obligation upon the County Council to pay these fees, there are, as is well known, many cases in which the husband is not only in a position to pay, but in which both the doctor and the husband would prefer that the payment should be made direct, and that the County Council should not interfere. Moreover, the recovery of money by a Local Authority in this way is a proceeding not free from difficulty and is often attended with disproportionate expense.

In view of the foregoing facts the County Medical Officer circularised the medical men in practice in the County, setting out the Council's responsibilities, giving a copy of the scale, and making the suggestion that in all cases in which there was a possibility of the husband paying the doctor's fee direct, the account should in the first instance be sent to him. In the event of the money not being paid within a month it was further suggested that the doctor should send his account to the County Council.

The arrangement suggested has worked very satisfactorily as will appear from the following figures. During the financial year 1922-23 the number of cases in which medical help was sent for by midwives was 856, and the approximate amount that would have had to be paid by the County Council to the doctors concerned, in accordance with the Ministry's scale, was £1,433. Actually during the year fees totalling £236 3s. were claimed in respect of 141 cases. During the same period the sums recovered from the persons concerned totalled £20 4s., making a net payment by the County Council of £215 19s. During the year 1923-24 the number of cases in which medical help was sent for was 941, and the approximate amount payable was £1,623. In 262 cases the fee was claimed from the County Council, and the total amount paid was £451 19s. 6d. During the same period £64 0s. 6d. was recovered, making a net payment by the County Council of £387 19s.

It will be observed that the amounts recovered are comparatively small, but this is due to the fact that in the very great majority of cases the fees are paid direct to the doctors concerned and, as has already been suggested, this is not only much more convenient, but prevents considerable unnecessary expense. If all the fees were paid by the County Council and attempts made to recover from the persons responsible, the amount so recovered would undoubtedly fall far short of the payments now being made, and the expense in collecting such a comparatively large sum of money in so many small items would be very considerable.

It may be pointed out that in over 72 per cent. of the cases in this County the fee is paid direct to the doctor by the husband, and it is interesting to observe that in a neighbouring County only 37 per cent. of the accounts are so dealt with. This is another direct result of the unusually happy relations which have existed for so long between the medical practitioners of the County and the County Health Department.

Supervision of Midwives.

The inspection of midwives is carried out chiefly by the Superintendent of the Hampshire County Nursing Association, under the direction of the County Medical Officer, except in the Borough of Aldershot, where the inspection is carried out by the Medical Officer of Health. The arrangement with the Hampshire County Nursing Association is that an annual fee of one guinea for each midwife up to three hundred is paid, and fifteen shillings for each one above that number. The intention is that each midwife should be inspected twice a year. During the year the amount paid to the County Nursing Association was £291 6s. 0d. At the beginning of, and during 1923, notifications of intention to practise during that year were received from 298 midwives, and to these women 369 routine visits of inspection were paid by the Superintendent or her Assistant during the year. In addition to these visits, 127 special inspections were carried out. Although it is the rule to inspect each midwife in this way twice a year, there are many instances where the notifications are not received until the latter part of the year, and it is therefore not possible to carry out this rule in every case. The amount of supervision and inspection possible under this arrangement cannot be regarded as satisfactory or as fulfilling the obvious intentions of the Midwives' Act, 1902. The combination of the posts of Inspector of Midwives and Superintendent of the County Nursing Association is not desirable from an administrative point of view. Of the 298 midwives practising in the County, 33 are bona-fide or untrained, and 265 are trained.

As the result of the inspections, 4 midwives have been reported as unsatisfactory in some way, and have received the necessary warning. In 1922 there were 17 midwives reported. The accompanying table gives particulars of the matters to which attention was called by the Inspector. For the purposes of comparison the figures of 1921 and 1922, are also given :—

	TRAINED.			BONA FIDE.		
	1921	1922	1923	1921	1922	1923
Failure to send for medical help	2	8	3	—	—	—
Delay in sending for medical help	1	4	1	—	—	—
Omission to notify sending for medical help ...	—	1	—	3	3	—
Neglect of patient	—	1	—	—	—	—

Provision of Midwives.

This matter has continued to engage the attention of the Public Health Committee, and as announced in last year's Report, the Committee decided, after very careful consideration, to make an additional grant of £600 a year to the County Nursing Association, on the understanding that the Association would provide midwives in every part of the County not already dealt with. It was part of the arrangement that in the event of the Association not being able to deal with the whole of the County, the payment to be made should be at a proportionate rate. The agreement to this effect was made during the financial year 1922-23, and in order to enable the Association to proceed with the work, a payment on account of £325 was made in that year. Up to the time of writing this Report the Association has furnished particulars of actual expenditure amounting to a total of £265, and unhappily considerable portions of the County area still remain to be dealt with. As is well known, the problem is not an easy one and, paradoxically enough, the nearer it reaches solution, the more difficult it is to deal with. In the first place, all the populous centres were provided more or less automatically with midwifery services, then the less accessible areas were reached, and now the out-of-way places have to be dealt with. As each one of these secures midwifery services, the remainder become more and more in the nature of islands, and consequently more difficult to deal with. The County Nursing Association has a very difficult task in hand, a much more formidable one than if it could begin with a county area entirely without midwifery service.

District Nurses acting as Health Visitors.

For several years in certain areas in the County, district nurses employed by district nursing associations have been acting as school nurses, and more recently some of these have also acted as tuberculosis nurse and health visitor. It was hoped that by making an arrangement of this kind some economy might be effected, in that the district nurse lives in the neighbourhood in which her work lies, and that she might carry out the work required by the County Council when she was not otherwise engaged, and thus be fully employed. In several districts, however, the local nursing association has found that the carrying out of County Council work in this way has not only not assisted, but has actually interfered with the midwife's duties as district nurse, and has, moreover, resulted in friction with parents and others. In these circumstances several nursing associations have withdrawn from the arrangement and the work has had to be resumed by County Council whole time health visitors.

Seven Principal Zymotic Diseases.

The principal zymotic diseases are small pox, scarlet fever, diphtheria, enteric fever, measles, whooping cough, and diarrhœa. With the latter it is usual to include deaths from enteritis, and this has been done here.

Deaths from Seven Principal Zymotic Diseases since 1913.

Year	Urban Districts.		Rural Districts.		Administrative County.		
	Deaths	Death Rate	Deaths	Death Rate	Deaths	Death Rate	
1913	158	0·75	110	0·47	268	0·61	
1914	119	0·50	85	0·36	204	0·43	
1915	201	1·10	151	0·71	352	0·89	
1916	104	0·58	59	0·29	163	0·42	
1917	105	0·59	52	0·27	157	0·42	
1918	138	0·76	110	0·54	248	0·64	
1919	48	0·25	51	0·24	99	0·25	
1920	106	0·55	51	0·23	157	0·38	
1921	81	0·48	63	0·29	144	0·37	
1922	63	0·36	59	0·27	122	0·31	
Average 1913-1922	112	0·59	79	0·37	191	0·47	
1923	64	0·37	63	0·28	127	0·32	

* The death rate from these diseases in the year 1923 was 0·32 per 1,000, practically the same as in the previous year but well below the average (0·47) for the decade. The rate in the urban districts was 0·37 as compared with 0·36 in 1922, and the corresponding figures for the rural areas were 0·28 and 0·27. There is a substantial difference in the death rates from infectious disease in the urban districts as compared with the rural, and the averages for the past ten years were 0·59 and 0·37 per thousand respectively.

Again it is fortunately possible to say that there were no deaths from Small Pox. The disease has, however, continued to be more or less prevalent in various parts of the country, and it is therefore advisable again to draw attention to the unprotected state of the community in general. One cannot help hoping that something will be done to alter the present state of things before it is too late. In the report for 1922 special attention was drawn to the unvaccinated state of children in the area of the Droxford Union into which an inquiry had been made at the request of the local Board of Guardians. During 1923 the Assistant County Medical Officer stationed at Andover collected some figures with regard to children coming before him in the ordinary routine way for medical inspection, and the accompanying tables show the results. Out of a total of 625 children, only 173 were properly vaccinated, truly a deplorable state of affairs.

School.	Number of children examined for vacc. marks.	Total number vacc.	Per cent.	Number of Scars.				
				One	Two	Three	Four	Re vacc.
Hatherden ...	6	5	83.3			1	4	
Crux Easton ...	11	8	72.7		1	2	5	
Woolton Hill ...	17	12	70.6		2		9	1
Leckford ...	3	2	66.3		1		1	
Penton Mewsey ...	6	4	66.3			1	3	
Appleshaw ...	19	12	63.1			2	10	
Longstock ...	8	5	62.5				5	
Goodworth Clatford	13	8	61.5			3	5	
Thruxton ...	18	11	61.1			1	10	
Shipton Bellinger	27	16	59.2	2	4	2	8	
East Woodhay ...	14	8	57.1	2		3	3	
Stockbridge ...	44	25	56.7	2	3	1	19	
Hurstbourne Priors	18	10	55.5			1	9	
Kimpton ...	13	7	53.8			2	5	
Hurstbourne Tarrant	12	6	50.	1			5	
Andover, Miss Gales Infants	9	4	44.4			1	3	
Charlton ...	9	4	44.4	1	1	1	1	
Abbots Ann ...	21	9	42.8		2	2	5	
Upton ...	7	3	42.8				3	
N. and S. Tidworth	22	9	40.9		1	4	4	
Upper Clatford ...	10	4	40.				4	
Andover Council, Boys	33	13	39.4	1	1	4	7	
Grateley ...	16	6	37.5		2	1	3	
Andover Council, Girls	19	7	36.8			3	4	
Andover C. E., Boys	28	10	35.7		1	1	8	
Over Wallop ...	25	6	34.2		1		5	
Facombe ...	7	2	28.5			1	1	
Quarley ...	7	2	28.5				2	
Andover C. E., Girls	32	9	28.1		2	1	6	
Vernham Dean ...	15	4	26.7		1		3	
St. Mary Bourne...	21	5	23.8	1			4	
Smannell and Enham	14	3	21.4			1	2	
Tangley ...	5	1	20.			1		
Longparish ..	20	3	15.			2	1	
Waterloo Works ...	8	1	12.75			1		
Andover Council, Infants	12	1	8.3				1	
Andover, C. E., Infants	56	4	7.1				4	
Totals	625	249	39.84	10	23	43	172	1

There were 8 deaths from Scarlet Fever as compared with 15 in the previous year. It is remarkable that during the past two years the deaths from this disease were much above the average. In 1921 the figure was only 2, and as a rule not more than 3 or 4 deaths are attributed to this disease in the Administrative County in any one year. The 8 deaths were evenly distributed between the Urban and Rural districts. Diphtheria accounted for 25 deaths as compared with 35 in 1922, and with 30 in the year 1921. Of the 14 deaths from diphtheria in the Urban districts, 5 occurred in Gosport and 3 in Winchester, no other district having more than one. There were 11 deaths from this disease in the rural districts, 2 each in Alton, Hartley Wintney, and Whitechurch, no other district having more than 1. Enteric Fever accounted for 4 deaths, half the number that took place in the previous year, and all these occurred in the rural districts, no area having more than 1.

Measles accounted for 18 deaths as compared with 11 in the previous year, and these 18 were distributed equally between the two divisions of the County. Three of these were in Andover Borough, 5 in Christchurch Borough, 2 in Droxford, and 3 in Stockbridge, no other district having more than 1. Altogether 44 deaths were attributed to Whooping Cough, and here again the number was equally distributed between the urban and rural districts. The districts having more than 1 death from the disease were Aldershot (9), Christchurch Borough (2), Winchester City (6), Andover Rural (2), Fareham Rural (2), Havant Rural (2), Hursley (2), New Forest (2), Stockbridge (4), Winchester Rural (3). The deaths from Measles and Whooping Cough have been much below the average during the past two years in contrast with the deaths from Scarlet Fever.

Deaths from Infectious Disease.

Disease.	Urban Districts.		Rural Districts.		Administrative County.		
	Deaths	Death Rate	Deaths	Death Rate	Deaths	Death Rate	
Small Pox ...	—	—	—	—	—	—	
Scarlet Fever ...	4	·02	4	·02	8	·02	
Diphtheria ...	14	·08	11	·05	25	·06	
Enteric Fever ...	—	—	4	·02	4	·01	
Measles ...	9	·05	9	·04	18	·05	
Whooping Cough	22	·13	22	·10	44	·11	
Diarrhœa ... under 2 years	15	·09	13	·06	28	·07	
Total 1923	64	·37	63	·28	127	·32	
Total 1922	63	·36	59	·27	122	·31	

Tuberculosis.

The treatment of Tuberculosis has been continued on the same lines as in previous years, and information with regard to the various departments of the work is given on subsequent pages.

Notifications.

In the Report for the year 1922, a considerable amount of attention was given to this subject, and it was pointed out that the regulations of the Ministry of Health with regard to the notification of Tuberculosis were not being properly observed in many districts in the County. The figures in the accompanying table indicate that in some cases there was an improvement in 1923 as compared with the previous year, and the matter is still receiving very close attention with a view to the regulations being observed. It is important to mention again that these notifications have to be made to the local sanitary authorities, and they are obtained only indirectly (through the local medical officer of health), by the County Health Department. The real responsibility in the matter therefore rests with the local sanitary authorities, and they have power to take such steps as may be necessary and to institute proceedings against medical men who fail to make notifications. So far as is known, no such action has been taken by any Sanitary authority in the County area, and the position is far from satisfactory.

It is a fairly safe guide in looking into this matter generally to compare the number of notifications with the number of deaths, and if the former be not greater than the latter it is *prima facie* evidence that some cases are not being notified. It would probably not be a fair test to apply this rule to any individual year as there might on occasion be more deaths in a district in a given year than notifications, but the accompanying tables, giving four years' figures, show that in several districts many cases are not being reported. For example, in the Rural District of Alton during the past four years there were only 36 cases notified, while 61 deaths occurred. The corresponding figures for Catherington are 22 and 23, Fareham Rural 38 and 47, Lymington Rural 17 and 38, New Forest 38 and 60, Petersfield Rural 39 and 42, Ringwood 13 and 37, Romsey Rural 20 and 25, Basingstoke Borough 34 and 51, Fleet 5 and 9, Gosport 114 and 127, Lymington Borough 3 and 14, Petersfield Urban 6 and 8. It has been suggested that possibly the reluctance of the medical practitioners to notify such cases arises from the fact that such practitioners object to notify a medical officer of health who is competing with them in local private practice.

At the time of writing this Report it is known that this matter is engaging the attention of the Ministry of Health, and possibly by the issue of fresh Regulations sufficient attention will be drawn to the matter to cause a more general observance of the law.

One practical step that is taken in this County to ensure the notification of cases is as follows. When a case comes to the notice of the County Medical Officer in connection with the tuberculosis scheme, or in consequence of a sputum examination giving a positive result, the medical attendant is written with the suggestion that he should notify the case, and it is the rule for him to be told that if he has any objection to doing so the notification will be made by the Tuberculosis Officer concerned. It is a remarkable fact that in some cases medical men, although they have no objection to the notification being made, prefer not to do it themselves.

NOTIFICATIONS, NOTIFIED CASES TREATED, AND DEATHS FROM
TUBERCULOSIS IN 1920-23.

URBAN DISTRICTS.

District.	1920			1921			1922			1923		
	Noti- fied	Treated	Deaths	Noti- fied	Treated	Deaths	Noti- fied	Treated	Deaths	Noti- fied	Treated	Deaths
Aldershot	32	23	18	40	31	24	42	34	22	42	34	21
Alton	5	3	3	5	4	3	2	1	3	7	5	4
Andover	11	8	7	8	5	10	9	6	4	18	13	5
Basingstoke	9	6	14	5	4	9	4	4	9	16	12	19
Christchurch	10	5	2	8	5	8	6	5	5	1	1	3
Eastleigh and Bishopstoke	17	15	13	19	13	19	17	12	26	26	21	16
Fareham	13	8	6	2	1	6	12	7	12	14	4	14
Farnborough	23	12	9	16	14	11	18	11	13	20	7	13
Fleet	1	1	1	1	1	2	1	1	2	2	2	4
Gosport	35	21	40	22	10	34	25	16	24	32	19	29
Havant	6	5	2	2	2	1	—	—	3	4	3	4
Lymington	1	1	1	1	1	7	1	1	2	—	—	4
Petersfield	3	1	—	—	—	4	—	—	3	3	2	1
Romsey	7	2	6	3	1	1	5	5	4	7	3	8
Warblington	8	6	3	4	3	2	8	2	5	6	5	6
Winchester	45	36	17	47	34	24	35	26	12	69	52	21
Total Urban	226	153	142	183	129	165	185	131	149	267	183	172
Total Rural	185	105	191	185	126	177	166	107	165	226	143	173
Total County	411	258	333	368	255	342	351	238	314	493	326	345

NOTIFICATIONS, NOTIFIED CASES TREATED, AND DEATHS FROM
TUBERCULOSIS, 1920-1923.

RURAL DISTRICTS.

District.	1920			1921			1922			1923		
	Noti- fied	Treated	Deaths	Noti- fied	Treated	Deaths	Noti- fied	Treated	Deaths	Noti- fied	Treated	Deaths
Alresford	3	2	3	3	—	3	7	6	7	8	6	6
Alton	5	2	18	8	7	14	7	3	15	16	12	14
Andover	8	3	11	6	5	8	10	8	7	26	14	7
Basingstoke	5	4	9	21	16	11	8	4	10	14	7	12
Catherington	6	4	3	9	3	11	2	1	5	5	2	4
Christchurch	6	2	3	7	2	6	5	3	4	1	1	4
Droxford	15	6	13	16	8	6	11	6	9	15	9	13
Fareham	13	10	14	5	5	12	11	6	10	9	6	11
Fordingbridge	9	3	5	13	8	3	9	3	2	8	5	3
Hartley Wintney	15	8	15	15	14	15	13	11	13	20	12	11
Havant	5	2	4	4	2	1	9	6	4	6	5	10
Hursley	12	4	7	5	4	3	4	3	1	12	8	2
Kingsclere	7	6	6	5	5	4	2	2	7	5	5	2
Lymington	6	2	9	4	2		—	—	10	7	5	9
New Forest	5	2	16	7	5		11	6	15	15	8	16
Petersfield	8	5	7	11	9	8	13	9	11	7	5	16
Ringwood	4	1	13	3	3	11	1	—	10	5	2	3
Romsey	4	3	9	3	1	6	8	4	5	5	3	5
South Stoneham	23	15	15	10	6	11	13	8	6	16	9	12
Stockbridge	1	—	1	9	6	5	—	—	3	3	2	3
Whitchurch	9	7	7	8	5	7	10	9	3	10	7	4
Winchester	16	14	3	13	10	9	12	9	8	13	10	6
Total Rural	185	105	191	185	126	177	166	107	165	226	143	173

Bacteriological Diagnosis.

There was a considerable increase in the number of specimens of sputum sent to the County Council Laboratory for examination during the year 1923, a total of 1,187 having been received as compared with 927 in the year 1922. Of the 1,187 specimens, 336 gave a positive result, showing undoubted evidence that the patient was actually suffering from Tuberculosis. In every case in which a positive result is obtained on making a bacteriological examination of sputum, a letter is sent to the medical man concerned, calling his attention to the County Council scheme for the treatment of the disease, and inviting him, if he thinks fit, to send the patient to a dispensary for examination by a Tuberculosis Officer. If it is impossible, or inconvenient, for the patient to attend the dispensary, and the doctor wishes it, a medical examination is made at the home.

Dispensaries.

It was hoped that during the year 1923 it would have been possible to secure some premises in the south-eastern corner of the County as, since the Havant Dispensary had to be closed, the work in that area has been carried on with much difficulty. One or two helpful propositions have been considered, but up to the time of writing there has not been any satisfactory result, and the patients in that area have to travel long distances to the "nearest" existing dispensary, or have to be visited at their homes, entailing unnecessary expense.

Dispensary Work—Total Attendances at each Dispensary.

	1917		1918		1919		1920		1921		1922		1923		Grand Total
	Insured	Un-Insured	Insured	Un-Insured	Insured	Un-Insured	Insured	Un-Insured	Insured	Un-Insured	Insured	Un-Insured	Insured	Un-Insured	
Andover ...	412	739	457	1160	587	1714	491	1016	332	456	230	316	264	233	8407
Aldershot ...	648	576	615	545	501	412	661	478	584	536	608	452	528	453	7597
Basingstoke ...	334	527	108	124	448	409	521	599	387	551	344	541	365	429	5687
Brockenhurst	—	—	92	75	494	334	339	190	113	230	143	208	175	156	2549
Gosport ...	516	1334	718	1071	661	653	667	657	571	630	771	507	784	454	9994
Havant ...	287	511	267	414	209	245	294	294	312	292	—	—	—	—	3125
Fordingbridge	36	36	68	18	40	25	34	46	24	76	46	92	50	81	672
Winchester ...	754	775	649	648	548	550	742	690	806	801	837	934	900	926	10560
Woolston ..	561	969	610	808	511	619	509	708	114	259	142	221	171	236	6438
	3548	5467	3584	4863	3999	4961	4258	4678	3243	3831	3121	3271	3237	2968	55029

The number of individual attendances at the dispensaries in 1923 totalled 6,205, as compared with 6,392 in the previous year. It is remarkable that, while the number of insured persons keeps fairly constant, the number of attendances by uninsured steadily decreases, and the accompanying table shows that while in 1917 the figure was 5,467, in 1923 it was only 2,968. Dispensary work is very valuable, and it would be a pity if inability to pay travelling expenses caused a falling off in attendances. The fares are paid in the most necessitous known cases, but no doubt there are many instances in which the patients refrain from coming owing to want of means.

All cases referred to the County Medical Officer for treatment are visited at their homes by the County Nurses, and during the year 170 "first" and 4,942 "subsequent" visits were paid.

Dispensary Work, 1916—1923.

YEAR	QUARTER ENDED				TOTAL		GRAND TOTALS
	31st March	30th June	30th Sept.	31st Dec.	Insured	Uninsured	
1916	1920	2075	2095	1997	3434	4653	8087
1917	1953	2351	2295	2416	3548	5467	9015
1918	2380	2130	2010	1927	3584	4863	8447
1919	2026	2350	2256	2328	3999	4961	8960
1920	2634	2293	2245	1764	4258	4678	8936
1921	1820	1918	1655	1681	3243	3831	7074
1922	1599	1664	1608	1521	3121	3271	6392
1923	1647	1499	1548	1511	3237	2968	6205
TOTAL	15979	16280	15712	15145	28424	34692	63116

Sanatorium Treatment.

In the Report for the year 1922 reference was made to the reduction in the number of beds reserved in various institutions which had become imperative on account of the need for economy. Happily in 1923, the restrictions were removed to a considerable extent, and it was possible to deal with the normal number of cases, 490 such having been treated in institutions as compared with 275 in the previous year. Of these 490 cases, 197 were insured, and 293 uninsured, a large proportion of the latter being children. It is satisfactory to be able to deal with so many children, as it is in this direction that the best results are obtained, and the great majority of the children leave the institutions apparently cured, and remain well at all events for some years.

Sanatorium Treatment—Admissions.

YEAR	INSURED.		UNINSURED.		TOTAL.	
	Number	Average Stay (Days)	Number	Average Stay (Days)	Number	Average Stay (Days)
1914	159	93	49	89	208	92
1915	180	87	81	97	261	90
1916	166	79	76	98	242	85
1917	208	79	132	110	340	91
1918	219	71	153	125	372	93
1919	247	80	168	165	415	115
1920	220	84	232	138	452	112
1921	177	93	223	186	400	145
1922	128	114	147	160	275	139
1923	197	115	293	150	490	136
TOTAL	1901	88	1554	143	3455	113

The Council's own Institution at Chandler's Ford has been in full occupation throughout the year with satisfactory results, there being accommodation there for 32 adults and 8 children. The Institution labours under the difficulty of being a small one and therefore correspondingly expensive, but the results obtained from the treatment of patients there compare favourably from a monetary, as well as other points of view, with those of other institutions.

In the Report for 1922 a considerable amount of attention was given to the history of the Council's acquisition of "The Mount," Bishopstoke, for use as a tuberculosis sanatorium, and of the difficulties and hindrances that had been placed in the Public Health Committee's way in adapting the buildings for the use for which they were intended. Unhappily, the building is not yet ready for occupation, but the Ministry have given way to some extent, and it is hoped in the year 1925 to open a sanatorium there. The delay has been serious and has resulted in considerable unnecessary expenditure.

Results of Treatment.

YEAR.	WEIGHTS.				CONDITION ON DISCHARGE.		
	Increased		Decreased		Much Improved	Improved	Stationary or Worse
	Number	Average	Number	Average			
1914	179	lbs. 7·8	29	lbs. 4·1	80	98	30
1915	229	8·8	32	3·1	69	131	61
1916	224	9·4	18	3·4	75	111	56
1917	307	8·1	33	4·0	94	194	52
1918	318	6·7	54	1·9	90	198	84
1919	394	5·2	21	4·3	164	197	54
1920	420	5·0	32	7·0	144	235	73
1921	362	6·0	38	1·5	69	254	77
1922	259	6·6	16	3·5	51	173	51
1923	462	5·4	28	5·0	67	229	194
TOTAL	3154	6·5	301	5·0	903	1820	732

Deaths from Tuberculosis.

In the Report for 1922 special attention was drawn to the extremely low death rate from Pulmonary Tuberculosis, the figure being only 0·65 per thousand, and the lowest on record. In 1923 there was a slight increase to 0·68 per thousand. The rate in the urban districts was 0·74, and in the rural 0·63. In both cases the figures were well below the average for the previous ten years.

There was a more substantial increase in the deaths and death rates from other forms of Tuberculosis, with the result that the total rate, that is, the death rate for all forms of the disease, rose from 0·8 to 0·87. In the urban districts it was 0·99 as compared with 0·86 in 1922, and in the rural areas it was 0·78 as compared with 0·74. It is interesting to note, however, from the accompanying

table, that, while in 1913 there were 426 deaths from Tuberculosis, in 1923 there were only 345. The number of deaths from the Pulmonary form of the disease fell in the same period from 306 to 269.

Deaths from Pulmonary Tuberculosis since 1913.

Year	Urban Districts		Rural Districts		Administrative County	
	Deaths	Death Rate	Deaths	Death Rate	Deaths	Death Rate
1913	146	0.70	160	0.68	306	0.69
1914	168	0.72	154	0.66	322	0.69
1915	159	0.87	158	0.74	317	0.80
1916	150	0.84	157	0.76	307	0.80
1917	150	0.85	177	0.90	327	0.88
1918	169	0.93	167	0.82	336	0.87
1919	176	0.93	160	0.76	336	0.84
1920	136	0.70	137	0.63	273	0.66
1921	131	0.77	135	0.62	266	0.68
1922	124	0.72	131	0.59	255	0.65
Average 1913—1922	151	0.80	154	0.71	305	0.75
1923	128	0.74	141	0.63	269	0.68

Deaths from Tuberculosis (all forms) since 1913.

Year	Urban Districts		Rural Districts		Administrative County	
	Deaths	Death Rate	Deaths	Death Rate	Deaths	Death Rate
1913	222	1.06	204	0.87	426	0.96
1914	246	1.05	219	0.94	465	0.99
1915	230	1.26	206	0.96	436	1.10
1916	206	1.16	216	1.05	422	1.10
1917	217	1.23	238	1.22	455	1.22
1918	225	1.24	237	1.16	462	1.20
1919	206	1.09	206	0.98	412	1.03
1920	167	0.86	193	0.88	360	0.87
1921	165	0.97	177	0.81	342	0.88
1922	149	0.86	165	0.74	314	0.80
Average 1913—1922	203	1.07	206	0.96	409	1.01
1923	172	0.99	173	0.78	345	0.87

Venereal Disease.

The arrangements for the treatment of patients suffering from venereal diseases are practically the same as in former years, and the accompanying tabular statement shows the days and times on which the various clinics are open. As has previously been mentioned, there is no restriction with regard to the attendance of patients, no letter or ticket is required, and all comers are attended free of charge.

So far as can be gathered from the number of attendances there is a falling off in the prevalence of these diseases in the County, and one gathers that this is the experience elsewhere. Unfortunately, some patients, directly the treatment received has secured to them a measure of comfort, cease to attend, with the result that the disease remains uncured and liable to become infectious at any time.

ALDERSHOT.	59, Victoria Road.		
Women ...	Mondays and Thursdays at 1.30 p.m.	Men ...	Mondays and Thursdays at 10 a.m.
BASINGSTOKE.	22, London Street.		
Women ...	Tuesdays at 3.30 p.m.	Men ...	Tuesdays at 2 p.m.
BOSCOMBE.	The Royal West Hants Hospital.		
Women ...	Wednesdays and Saturdays at 2.30 p.m.	Men ...	Wednesdays and Saturdays at 4 p.m.
PORTSMOUTH.	The Royal Portsmouth Hospital.		
Women ...	Wednesdays at 2 p.m. Fridays at 10 a.m.	Men ...	Tuesdays at 5 p.m. Wednesdays at 4 p.m. Thursdays at 5 p.m.
READING.	The Royal Berkshire Hospital.		
Women ...	Wednesdays at 5 p.m. Saturdays at 3 p.m.	Men ...	Wednesdays at 2 p.m. Saturdays at 5 p.m.
SALISBURY.	The Salisbury Infirmary.		
Women ...	Mondays, Wednesdays and Thursdays at 6 p.m. Saturdays at 11.30 a.m.	Men ...	Tuesdays at 11.30 a.m. Fridays at 6 p.m.
SOUTHAMPTON.	Municipal Dispensary, 1, East Park Terrace.		
Women ...	Thursdays at 6 p.m. Fridays at 2.30 p.m.	Men ...	Mondays, Tuesdays, Wednes- days, and Fridays at 5 p.m.
	Royal South Hants Hospital.		
Women ...	Thursdays at 11 a.m.	Men ...	Thursdays at 2.30 p.m. Saturdays at 11 a.m.
WINCHESTER.	The Royal Hants County Hospital.		
Women ...	Tuesdays at 2.30 p.m.	Men ...	Saturdays at 2.30 p.m.

Attendances of Hampshire Patients.

Clinic	Year					
	1919	1920	1921	1922	1923	Total
Aldershot	907	1270	936	806	486	4405
Basingstoke	—	50	304	306	112	772
Boscombe	318	409	309	236	219	1491
Portsmouth	2295	1652	1840	1457	1337	8581
Reading	287	363	108	79	32	869
Salisbury	82	124	228	61	9	504
Southampton	441	491	375	378	514	2199
Winchester	974	875	688	589	602	3728
Totals	5304	5234	4788	3912	3311	22549

Food and Drugs Acts.

Samples for examination under the above Acts are taken by the County Inspectors acting under the direction and supervision of the County Medical Officer. The County area is divided into three parts for the purpose, and the Inspectors reside at Basingstoke, Gosport, and Southampton, respectively. During the year 843 samples were taken, and of these 58 were found on analysis to have been unsatisfactory, namely, 55 of new milk, one of skim milk, one of vinegar, and one of jam.

The following table gives the number of samples of these articles taken, and the percentage found to be unsatisfactory. For comparison the figures for the previous year are also given :—

Article	1922						1923					
	Formal			Informal			Formal			Informal		
	Exam- ined	Unsatis- factory	Percent- age unsatis- factory	Exam- ined	Unsatis- factory	Percent- age unsatis- factory	Exam- ined	Unsatis- factory	Percent- age unsatis- factory	Exam- ined	Unsatis- factory	Percent- age unsatis- factory
Arrowroot	7	—	—	2	—	—	10	—	—	2	—	—
Baking Powder	5	—	—	—	—	—	10	—	—	—	—	—
Bread	4	—	—	—	—	—	3	—	—	—	—	—
Butter	147	—	—	34	—	—	133	—	—	31	—	—
Castor Sugar	—	—	—	—	—	—	3	—	—	—	—	—
Cheese	27	—	—	1	—	—	15	—	—	2	—	—
Citric Acid	—	—	—	1	—	—	—	—	—	1	—	—
Cocoa	1	—	—	1	—	—	4	—	—	—	—	—
Cocoa Essence	1	—	—	—	—	—	2	—	—	—	—	—
Coffee	10	—	—	2	—	—	12	—	—	3	—	—
Coffee and Chicory Ess.	11	4	36.30	—	—	—	2	—	—	—	—	—
Coffee Essence	1	—	—	—	—	—	1	—	—	—	—	—
Condensed Milk	2	—	—	—	—	—	4	—	—	1	—	—
Cream	1	—	—	—	—	—	—	—	—	—	—	—
Cream of Tartar	—	—	—	1	—	—	2	—	—	1	—	—
Demerara Sugar	6	—	—	2	—	—	14	—	—	1	—	—
Dripping	1	—	—	—	—	—	—	—	—	—	—	—
Egg Powder	9	—	—	—	—	—	—	—	—	—	—	—
Egg Substitute	19	—	—	—	—	—	—	—	—	—	—	—
Flour	—	—	—	—	—	—	5	—	—	—	—	—
Grey Powder	1	—	—	—	—	—	—	—	—	—	—	—
Ground Ginger	7	—	—	—	—	—	7	—	—	1	—	—
Honey	2	—	—	1	—	—	4	—	—	—	—	—
Ice Cream	4	—	—	—	—	—	6	—	—	—	—	—
Jam	14	—	—	—	—	—	17	1	5.88	—	—	—
Lard	41	—	—	2	—	—	43	—	—	2	—	—
Margarine	9	—	—	—	—	—	10	—	—	—	—	—
Marmalade	1	—	—	—	—	—	—	—	—	—	—	—
Milk of Sulphur	1	—	—	1	—	—	—	—	—	—	—	—
Mustard	—	—	—	—	—	—	—	—	—	1	—	—
New Milk	397	50	12.61	10	3	30.00	403	49	12.16	22	6	27.27
Pepper	22	—	—	1	—	—	20	—	—	—	—	—
Sausage	5	—	—	—	—	—	—	—	—	—	—	—
Seidlitz Powder	—	—	—	—	—	—	—	—	—	1	—	—
Self-Raising Flour	13	—	—	1	—	—	6	—	—	3	—	—
Separated Milk	6	—	—	—	—	—	4	—	—	—	—	—
Skim Milk	1	—	—	—	—	—	3	1	33.3	—	—	—
Sugar	1	—	—	—	—	—	—	—	—	—	—	—
Tea	11	—	—	—	—	—	6	—	—	—	—	—
Vinegar	21	—	—	1	—	—	22	1	4.55	—	—	—

Milk Samples—Average Composition, Year 1923.

The following are the averages of the analyses made during the year 1923. It is particularly interesting to note that the average of all samples is well above the minimum standard fixed by the Board of Agriculture (3 per cent. of fat and 8.5 per cent of non-fatty solids):—

	Total Number of Samples Exam- ined	Milk Fat				Non-Fatty Solids				Total Solids
		District No. 1	District No. 2	District No. 3	County	District No. 1	District No. 2	District No. 3	County	County
First Quarter ...	226	3.69	3.69	3.77	3.71	9.06	8.84	8.89	8.93	12.64
Second Quarter	230	3.44	3.36	3.45	3.41	8.95	8.85	8.92	8.91	12.32
Third Quarter	229	3.53	3.48	4.35	3.78	8.72	8.62	8.64	8.66	12.44
Fourth Quarter	158	3.82	3.85	—	3.83	8.98	8.83	—	8.90	12.73
Year 1923	843	3.62	3.59	3.86	3.68	8.92	8.79	8.81	8.84	12.52

Proceedings.

In practically all cases the defence in the case of a summons for selling milk not of the nature, substance and quality demanded, is that the milk was sold in the same condition as when drawn from the cow, and usually several witnesses are called to testify accordingly. In one case a remarkable defence was set up to the effect that the milk was below the standard owing to a very severe frost on the morning the sample was taken, and that this froze the milk in the churns and consequently reduced the fat and non-fatty solids. The Inspector who took the sample reports that he was not aware of any frost at that time, and that when returning from sampling that morning he had to put up the hood of his car to keep the the rain off. In this case the defence was not accepted.

The legal position with regard to prosecutions for selling unsatisfactory milk continues to be thoroughly unsatisfactory.

The accompanying table shows that the number of articles certified to have been unsatisfactory continues to be high :—

Year	Unsatisfactory	Proceedings	Dismissed	Convictions	Penalties	Average Penalties
					£ s. d.	£ s. d.
1912	31	17	5	12	24 10 0	2 0 10
1913	46	21	3	17	101 16 6	5 19 9
1914	35	18	4	14	34 18 6	2 9 10
1915	35	30	7	23	69 4 0	3 0 2
1916	60	51	9	39	132 16 4	3 8 1
1917	87	46	10	36	265 19 0	7 7 9
1918	84	51	15	36	208 6 0	6 14 4
1919	64	36	8	28	210 10 6	7 10 4
1920	76	37	17	20	65 9 6	3 5 5
1921	53	22	9	13	42 10 6	3 5 5
1922	86	34	18	16	67 1 0	4 3 2
1923	58	29	17	12	39 4 0	3 5 4

R. A. Lyster

County Medical Officer.

Causes of Death in the Administrative County
during the years 1916-1923.

DISEASES	1916	1917	1918	1919	1920	1921	1922	1923
Enteric Fever ...	15	11	8	9	8	2	8	4
Small Pox	1
Measles ...	20	39	100	1	28	11	11	18
Scarlet Fever ...	6	5	2	1	6	2	15	8
Whooping Cough ...	47	22	56	21	47	29	25	44
Diphtheria ...	33	34	39	41	42	30	35	25
Influenza ...	143	138	850	373	62	96	157	40
*Encephalitis Lethargica ...	Not previously recorded separately					9	1	7
*Meningococcal Meningitis ...	Not previously recorded separately					2	3	...
Tuberculosis of Respiratory System ...	307	327	336	336	273	266	255	269
Other Tuberculous Diseases ...	115	128	126	76	87	76	59	76
Cancer, Malignant Disease ..	524	511	472	531	564	533	522	555
Rheumatic Fever ...	16	10	13	12	17	11	10	11
*Diabetes ...	Not previously recorded separately					48	51	51
*Cerebral Haemorrhage ...	Not previously recorded separately					262	277	271
*Heart Disease ...	695	667	676	666	614	549	706	662
*Arterio-Sclerosis ...	Not previously recorded separately					151	153	147
Bronchitis ...	354	292	249	305	251	205	281	219
Pneumonia (all Forms) ...	260	318	392	264	214	197	261	181
Other Respiratory Diseases ...	61	72	79	61	55	52	70	39
*Ulcer of Stomach or Duodenum ...	Not previously recorded separately					21	23	15
Diarrhoea, etc. (under 2 years) ...	42	46	43	26	26	69	28	28
Appendicitis and Typhlitis ...	23	31	40	28	33	29	38	31
Cirrhosis of Liver ...	20	27	18	17	19	24	18	15
*Acute and Chronic Nephritis ...	182	212	169	164	187	161	144	148
Puerperal Sepsis ..	6	6	6	9	16	11	12	5
Other Accidents and Diseases of Pregnancy and Parturition	23	16	9	13	25	28	17	15
Congenital Debility and Malformation, Premature Birth ...	250	221	222	254	281	233	217	220
Suicides ...	41	24	19	35	32	31	37	33
Other Deaths from Violence ...	136	113	114	143	98	90	91	110
*Other Defined Diseases ...	1566	1586	1377	1489	1425	974	928	862
Causes Ill-defined or Unknown ...	35	22	30	38	23	20	18	14
TOTALS ...	4920	4878	5445	4913	4433	4223	4471	4123
Estimated Population ...	384129	372608	384855	400577	411437	389588	394665	395978
Death Rate per 1000 ...	12.8	13.1	14.2	12.3	10.8	10.8	11.3	10.4

* The classification of diseases adopted by the Registrar General in 1921 was slightly different from that of previous years.

BIRTHS AND

RURAL DISTRICTS.

ADMINISTRATIVE AREA	Estimated Civil Population 1923		BIRTHS (EXCLUSIVE OF STILL-BORN)						DEATHS (EXCLUSIVE OF STILL-BORN)		DEATHS UNDER ONE YEAR	
	For Birth-rates (Total)	For Death-rates (Total)	Legitimate		Illegitimate		Total	Rate per 1000 Total Popu-lation	Total	Rate per 1000 Civil Population	Number	Rate per 1000 Births
			M.	F.	M.	F.						
ALRESFORD	7482	7482	63	68	6	2	139	18·6	81	10·8	4	29
ALTON	16240	15045	181	167	6	5	359	22·1	147	9·8	14	39
ANDOVER	12070	11119	137	133	3	2	275	22·8	116	10·4	14	51
BASINGSTOKE ..	12670	12670	121	88	6	8	223	17·6	119	9·4	11	49
CATHERINGTON ..	3929	3929	28	31	6	2	67	17·1	44	11·2	1	15
CHRISTCHURCH ..	5261	5261	47	48	1	2	98	18·6	47	8·9	3	31
DROXFORD	13180	13180	115	107	4	7	233	17·7	142	10·8	13	56
FAREHAM	15120	14609	150	136	8	1	295	19·5	144	9·9	19	64
FORDINGBRIDGE ..	6272	6272	43	53	5	6	107	17·1	70	11·2	4	37
HARTLEY WINTNEY ..	20710	19694	207	180	10	10	407	19·7	192	9·8	19	47
HAVANT	6854	6854	47	60	3	1	111	16·2	90	13·1	5	45
HURSLEY	4604	4604	44	49	1	1	95	20·6	51	11·1	6	63
KINGSCLERE	8532	8532	83	78	3	6	170	19·9	82	9·6	7	41
LYMINGTON	12680	12680	110	114	3	5	232	18·3	123	9·7	12	52
NEW FOREST	18790	18790	157	171	8	8	344	18·3	194	10·3	14	41
PETERSFIELD	11670	11238	88	86	8	8	190	16·3	127	11·3	10	53
RINGWOOD	7387	7387	68	52	5	3	128	17·3	100	13·5	5	39
ROMSEY	7079	7079	52	68	1	6	127	17·9	73	10·3	8	63
SOUTH STONEHAM ..	12510	11700	94	128	2	6	230	18·4	114	9·7	16	70
STOCKBRIDGE	6272	6272	43	42	2	2	89	14·2	64	10·2	6	67
WHITCHURCH	6438	6438	63	58	2	2	125	19·4	85	13·2	6	48
WINCHESTER	12350	11604	103	82	6	5	196	15·9	106	9·1	9	46
TOTAL RURAL DISTRICTS	228100	222439	2044	1999	99	98	4240	18·6	2311	10·4	206	49

DEATHS, 1923

URBAN DISTRICTS.

ADMINISTRATIVE AREA	Estimated Civil Population 1923		BIRTHS (EXCLUSIVE OF STILL-BORN)						DEATHS (EXCLUSIVE OF STILL-BORN)		DEATHS UNDER ONE YEAR	
	For Birth-rates. (Total)	For Death-rates. (Total)	Legitimate		Illegitimate		Total	Rate per 1000 Total Population	Total	Rate per 1000 Civil Population	Number	Rate per 1000 Births
			M.	F.	M.	F.						
ALDERSHOT	30920	24329	348	348	13	15	721	23'4	238	9'8	43	59
ALTON	5529	5529	38	52	3	3	96	17'4	48	8'7	3	31
ANDOVER	8539	8539	88	79	2	4	173	20'3	70	8'2	10	58
BASINGSTOKE	12920	12920	128	110	8	6	252	19'5	148	11'5	10	40
CHRISTCHURCH	7060	6669	57	42	3	3	105	14'9	68	10'2	9	85
EASTLEIGH AND BISHOP-STOKE }	15890	15890	167	152	2	5	326	20'5	149	9'4	16	49
FAREHAM	10260	10010	83	95	3	3	184	17'9	89	8'9	9	49
FARNBOROUGH	13030	10441	144	127	2	2	275	21'1	81	7'8	12	44
FLEET	3599	3599	30	24	5	3	62	17'2	54	15'0	4	65
GOSPORT	34280	30407	371	302	16	22	711	20'7	337	11'1	41	58
HAVANT	4394	4394	31	42	—	—	73	16'6	52	11'8	2	27
LYMINGTON	4570	4570	42	22	3	5	72	15'8	63	13'8	5	69
PETERSFIELD	3912	3912	36	24	3	1	64	16'4	42	10'7	2	31
ROMSEY	4827	4827	54	47	2	2	105	21'8	60	12'4	2	19
WARBLINGTON	3940	3940	43	30	4	—	77	19'5	39	9'9	4	52
WINCHESTER	24330	23563	231	207	11	13	462	19'0	274	11'6	31	67
TOTAL URBAN DISTRICTS	188000	173539	1891	1703	80	87	3761	20'0	1812	10'4	203	54
TOTAL RURAL DISTRICTS	228100	222439	2044	1999	99	98	4240	18'6	2311	10'4	206	49
TOTAL COUNTY	416100	395978	3935	3702	179	185	8001	19'2	4123	10'4	409	51

GENERAL MORTALITY

URBAN

DISTRICT	Area in Acres	POPULATION		NETT DEATHS OF RESIDENTS WHETHER										
		Census, 1921	Estimated Civil Population 1923	At all Ages	Under 1 Year	Enteric Fever	Small Pox	Measles	Scarlet Fever	Whooping Cough	Diphtheria	Influenza	Encephalitis Lethargica	Meningococcal Meningitis
ALDERSHOT ..	4176	28756	24329	238	43					9	1	1		
ALTON ..	3925	5580	5529	48	3					1				
ANDOVER ..	8664	8569	8539	70	10			3		1			3	
BASINGSTOKE ..	4197	12718	12920	148	10					1	3	3		
CHRISTCHURCH ..	2352	6991	6669	68	9			5		2		1		
EASTLEIGH AND BISHOP-STOKE } ..	2029	15617	15890	149	16						1	1		
FAREHAM ..	6376	10066	10010	89	9			1	2	1	1		1	
FARNBOROUGH ..	2331	12645	10441	81	12							1		
FLEET ..	1531	3689	3599	54	4							2		
GOSPORT ..	3869	33588	30407	337	41				1	1	5	1	1	
HAVANT ..	1391	4405	4394	52	2				1			1		
LYMINGTON ..	1510	4598	4570	63	5									
PETERSFIELD ..	1631	3933	3912	42	2									
ROMSEY ..	533	4826	4827	60	2							4		
WARBLINGTON ..	2438	4084	3940	39	4									
WINCHESTER ..	1930	23791	23563	274	31					6	3	2		
TOTAL URBAN ..	48883	183856	173539	1812	203			9	4	22	14	17	5	
TOTAL RURAL	886312	226367	222439	2311	206	4		9	4	22	11	23	2	
ADMINISTRATIVE COUNTY } ..	935195	410223	395978	4123	409	4		18	8	44	25	40	7	

RETURNS 1923.

DISTRICTS.

OCCURRING WITHIN OR WITHOUT THE DISTRICT.																						
Tuber. of Res- piratory System	Other Tuber- culous Diseases	Cancer (Malignant Disease)	Rheumatic Fever	Diabetes	Cerebral Hæ- morrhage, etc.	Heart Disease	Arterio- Sclerosis	Bronchitis	Pneumonia (all forms)	Other Respi- ratory Diseases	Ulcer of Stomach or Duodenum	Diarrhoea, etc. (under 2 years)	Appendicitis and Typhitis	Cirrhosis of Liver	Acute & Chronic Nephritis	Puerperal Sepsis	Other Accidents, & Diseases of Pregnancy & Parturition	Congenital Debility, Malfor- mation, etc.	Suicides	Other Deaths from Violence	Other Defined Diseases	Causes ill Defin- ed or unknown
19	2	32		3	16	31	8	11	18		1	3	5	2	4		1	23	3	5	39	1
4		4		2	2	11	1	4	1									2	3		13	
3	2	7			2	5	7	6	6				1		6	1		3		2	12	
15	4	19	1	1	5	22	5	13	5	1	1		2		1		1	6	3	3	33	
3		6		1	5	9	2	2	5	1					2			6	1		17	
13	3	15		2	14	23	4	8	8	2	1	3		1	10			9	1	3	25	2
10	4	9	1		7	7	5	6	2	2					2			7		2	19	
8	5	8		3	6	17	2	5	1	1		2	1		1		2	7	1		10	
3	1	8			5	12	1	2	2					1				3		1	13	
19	10	48	1	7	26	47	1	18	17	2	1	3	2		11		2	19	3	13	77	1
2	2	12			4	8	3	1		1					5			2		2	8	
3	1	7		1	4	12	2		2		1	1	1		4			3	1	1	19	
	1	5		2	7	9	2	1	1						2			1		1	10	
3	5	9	1		5	8	1	7		3					3			1	1	1	7	1
6		4		1		4	1	1	2				1	1	3			3	1	1	10	
17	4	39		3	13	40	4	13	19	5	1	3	3	1	8			16	1	6	67	
128	44	232	4	26	121	265	49	98	89	18	6	15	16	6	62	1	6	111	19	41	379	5
141	32	323	7	25	150	397	98	121	92	21	9	13	15	9	86	4	9	109	14	69	483	9
269	76	555	11	51	271	662	147	219	181	39	15	28	31	15	148	5	15	220	33	110	862	14

GENERAL MORTALITY

RURAL

DISTRICT	Area in Acres	POPULATION		NETT DEATHS OF RESIDENTS WHETHER										
		Census, 1921	Estimated Civil Population 1923	At all Ages	Under 1 Year	Enteric Fever	Small Pox	Measles	Scarlet Fever	Whooping Cough	Diphtheria	Influenza	Encephalitis Lethargica	Meningococcal Meningitis
ALRESFORD ..	42315	7355	7482	81	4					1	1			
ALTON ..	57832	15782	15045	147	14					1	2			
ANDOVER ..	65554	11826	11119	116	14				1	2		1	1	
BASINGSTOKE ..	72759	12635	12670	119	11	1				1	1	1		
CATHERINGTON ..	13144	4158	3929	44	1							1		
CHRISTCHURCH ..	22104	5313	5261	47	3							1		
DROXFORD ..	48647	12965	13180	142	13	1		2				3		
FAREHAM ..	28371	14668	14609	144	19			1		2	1	1		
FORDINGBRIDGE ..	36184	6216	6272	70	4				1					
HARTLEY WINTNEY ..	53626	20473	19694	192	19						2	2	1	
HAVANT ..	10385	6949	6854	90	5					2				
HURSLEY ..	16756	4496	4604	51	6					2		1		
KINGSCLERE ..	45985	8498	8532	82	7				1			4		
LYMINGTON ..	37670	12893	12680	123	12					1		2		
NEW FOREST ..	69507	18661	18790	194	14	1				2		1		
PETERSFIELD ..	44264	11712	11238	127	10			1			1	1		
RINGWOOD ..	36447	7381	7387	100	5									
ROMSEY ..	31496	7070	7079	73	8							1		
SOUTH STONEHAM ..	16960	12353	11700	114	16			1	1	1				
STOCKBRIDGE ..	44314	6286	6272	64	6	1		3		4	1			
WHITCHURCH ..	31358	6411	6438	85	6						2	3		
WINCHESTER ..	60634	12266	11604	106	9			1		3				
TOTALS ..	886312	226367	222439	2311	206	4		9	4	22	11	23	2	

RETURNS, 1923.
DISTRICTS.

OCCURRING WITHIN OR WITHOUT THE DISTRICT.																						
Tuberculosis of Respiratory System	Other Tuber- culous Diseases	Cancer (Malignant Disease)	Rheumatic Fever	Diabetes	Cerebral (&c. Haemorrhage,	Heart Disease	Arterio- sclerosis	Bronchitis	Pneumonia (all forms)	Other Respiratory Diseases	Ulcer of Stomach, or Duodenum	Diarrhea, etc., under 2 years	Appendicitis and Typhitis	Cirrhosis of Liver	Acute & Chronic Nephritis	Puerperal Sepsis	Other Accidents and Diseases of Pregnancy & Par- turation	Conjunctal Debility, Malformation, Premature Birth	Suicides	Other Deaths from Violence	Other Defined Diseases	Causes ill-defined or unknown
5	1	13		1	5	17	3	4	4	1		2			2			1	1	1	18	
8	6	15		1	4	25	7	6	7	3			1		2			9	1	6	42	1
5	2	21	1	3	4	23	4	4	8	4					6		2	4			19	1
12		15			8	18	4	8	4		1	1	2		2			8		2	30	
3	1	9	1		4	9	4	2	1				1	1					1	1	5	
4		8		1	7	7		2	3			1			5			1		1	6	
10	3	15	1	2	12	27	9	7	5		1			1	5	1		7		3	26	1
10	1	18	1	2	12	26	2	8	5						3		1	11		7	32	
2	1	9			2	20	2	7	1						2			3		1	19	
8	3	30		2	14	47	21	4	9	1	1	3	1	2	1			10		3	26	1
7	3	11		2	3	13	4	6	2	1			2		7			2		3	22	
1	1	6	1		3	5	2	6	2						6		1	2	2	1	9	
2		10			6	19	5	5	3	1			1	1	2	2		4		2	14	
7	2	19			8	22	4	2	4	3	3			1	2		1	9	2	3	28	
15	1	26		2	8	28	5	11	9		1	1	2		11			9	1	9	51	
16		16		2	12	18	7	9	5		1	2			7			6	2	4	17	
3		13		2	9	18		9	5	2					4		1	2	1	3	27	1
4	1	11		2	7	12	4	2	2					1	3			3		7	13	
9	3	17		1	10	10	8	3	7	2		2		1	7			6	2	2	20	1
2	1	8			3	5		3	2			1		1	2		2	2		2	20	1
4		9	1	2	3	15	1	8	4		1		3		2			3	1	4	19	
4	2	24	1		6	13	2	5		3			2		5	1	1	7		4	20	2
141	32	323	7	25	150	397	98	121	92	21	9	13	15	9	86	4	9	109	14	69	483	9

CAUSES OF, AND AGES

URBAN DISTRICTS.

CAUSES OF DEATH.	All Ages	Under 1 year	1 and under 2 years	2 and under 5 years	5 and under 15 years	15 and under 25 years	25 and under 45 years	45 and under 65 years	65 and under 75 years	75 and upwards
1	2	3	4	5	6	7	8	9	10	11
Enteric Fever ...										
Small-pox ...										
Measles ...	9	1	5	3						
Scarlet Fever ...	4				4					
Whooping-cough ...	22	13	4	5						
Diphtheria ...	14		1	5	6	1		1		
Influenza ...	17	1		1	1	2	1	2	7	2
Encephalitis Lethargica ...	5	1			2		1	1		
Meningococcal Meningitis										
Phthisis (Pulmonary Tuberculosis) ...	128		1		3	27	60	30	7	
Other Tuberculous Diseases	44	5	3	5	8	4	13	3	2	1
Cancer, Malignant Disease	232						16	103	69	44
Rheumatic Fever ...	4				1	2		1		
Diabetes ...	26					5	7	6	5	3
Cerebral Hæmorrhage, etc.	121				1	2	4	32	33	49
Heart Disease ...	265	1		1	5	3	16	77	77	85
Arterio-Sclerosis ...	49							14	14	21
Bronchitis ...	98	9	3	1	3		1	14	25	42
Pneumonia (all forms)	89	17	2	4	3	5	9	24	14	11
Other Diseases of Respiratory Organs ...	18	1				1	1	3	9	3
Ulcer of Stomach or Duodenum ...	6					1	3	2		
Diarrhœa, etc. ...	21	14	1	2				2	1	1
Appendicitis and Typhlitis	16		1	1	2	1	5	4	2	
Cirrhosis of Liver ...	6							5	1	
Acute & Chronic Nephritis	62			1		1	5	26	20	9
Puerperal Fever ...	1						1			
Other accidents & diseases of Pregnancy and Parturition ...	6					2	4			
Congenital Debility and Malformation, including Premature Birth ...	111	109			1			1		
Suicide ...	19					1	5	9	3	1
Other Deaths from Violence	41	5	2	3	4	3	5	11	5	3
Other Defined Diseases ...	373	26	2	6	11	12	29	54	44	189
Diseases ill-defined or unknown ...	5						1	4		
All Causes ...	1812	203	25	38	55	73	187	429	338	464

AT, DEATH DURING THE YEAR 1923.

RURAL DISTRICTS.

CAUSES OF DEATH	All Ages	Under 1 year	1 and under 2 years	2 and under 5 years	5 and under 15 years	15 and under 25 years	25 and under 45 years	45 and under 65 years	65 and under 75 years	75 and up- wards
1	2	3	4	5	6	7	8	9	10	11
Enteric Fever ...	4					2	1	1		
Small-pox ...										
Measles ...	9		2	4	3					
Scarlet Fever ...	4		1		3					
Whooping-cough ...	22	10	6	3	2			1		
Diphtheria ...	11		1	4	4	1	1			
Influenza ...	23	3			1	1		3	9	6
Encephalitis Lethargica ...	2				1		1			
Meningococcal Meningitis										
Phthisis (Pulmonary Tuberculosis) ...	141	1		1	5	28	69	32	5	
Other Tuberculous Diseases	32	4	3	8	8	4	2	2	1	
Cancer, Malignant Disease	323				1		16	135	103	68
Rheumatic Fever ...	7			1	1		1	2	2	
Diabetes ...	25		1		1	5	1	5	8	4
Cerebral Hæmorrhage, etc.	150				1			31	48	70
Heart Disease ...	397			2	2	4	20	95	124	150
Arterio-Sclerosis ...	98						1	10	24	63
Bronchitis ...	121	10	3	2		1	1	9	28	67
Pneumonia (all forms) ...	92	20	11	3	4	4	13	21	9	7
Other Diseases of Respiratory Organs ...	21	2					1	6	6	6
Ulcer of Stomach or Duodenum ...	9						3	4		2
Diarrhœa, etc. ...	28	13		3	1		1	5	2	3
Appendicitis and Typhlitis	15				2	1	5	6	1	
Cirrhosis of Liver ...	9				1			4	4	
Acute & Chronic Nephritis	86				2	2	5	35	23	19
Puerperal Fever ...	4						4			
Other accidents and diseases of Pregnancy and Parturition ...	9					2	7			
Congenital Debility and Malformation, including Premature Birth ...	109	107			2					
Suicide ...	14					1	5	4	3	1
Other Deaths from Violence	69	5	1	6	6	13	11	14	8	5
Other Defined Diseases ...	468	31	4	14	9	15	32	75	66	222
Diseases ill-defined or unknown ...	9		1		1			5	2	
All Causes ...	2311	206	34	51	61	84	201	505	476	693

NOTIFICATIONS OF INFECTIOUS DISEASE 1923.

RURAL DISTRICTS.

DISTRICT	ESTIMATED POPULATION FOR 1923	CASES OF INFECTIOUS DISEASE NOTIFIED DURING THE YEAR 1923.															Total Cases							
		Small Pox	Scarlet Fever	Diphtheria (including Membranous Group)	Enteric Fever	Pneumonia	Cholera	Plague	Puerperal Fever	Cerebro-Spinal Fever	Acute Polio-myelitis	Acute Polio-encephalitis	Encephalitis Lethargica	Typhus Fever	Relapsing Fever	Continued Fever		Trench Fever	Dysentery	Ophthalmia Neonatorum	Erysipelas	Pulmonary Tuberculosis	Other Tuberculosis	Malaria
ALRESFORD	7482		5		1														1			9		16
ALTON	15045		17	2	1														1	3	19	1		44
ANDOVER	11119		4	4		7						1							1	1	9	5		32
BASINGSTOKE	12670		5	17															2	1	14	2		41
CATHERINGTON	3929		3	2	1															2	2	2		12
CHRISTCHURCH	5261		4	1		1															9			17
DROXFORD	13180		16	5	3	8		1		1										4	11	3		52
FAREHAM	14609		12	10		5														3	9			39
FORDINGBRIDGE	6272		20	2	1	5														3	7	1	1	40
HARTLEY WINTNEY	19694		23	5								1			1					4	12	3		49
HAVANT	6854		9	4	3					1									2	2	4	2	1	26
HURSLEY	4604		13	12		1														1	8	2		39
KINGSCLERE	8532		20	5		2				1									1	7	7			43
LYMINGTON	12680		3		2															7	17	2		31
NEW FOREST	18790		24	3	3	3		1											2	2	11	1		48
PETERSFIELD	11238		11	1															2		6	1		21
RINGWOOD	7387		17	2		1														3	4	1		28
ROMSEY	7079		3			1													1		5	1		11
SOUTH STONEHAM	11700		18	11	1														1	1	17	4		53
STOCKBRIDGE	6272		6	1	1														1	1	3	1		14
WHITCHURCH	6438		36	19	1	11					1								1	2	9	1	1	82
WINCHESTER	11604		19	4	1															2	11	3		40
TOTAL	222439		288	110	19	45		2	2	2	2	2			1				14	51	203	36	3	778

NOTIFICATIONS OF INFECTIOUS DISEASE 1923.

URBAN DISTRICTS.

DISTRICT	ESTIMATED POPULATION FOR 1923	CASES OF INFECTIOUS DISEASE NOTIFIED DURING THE YEAR 1923.																	Total Cases					
		Small Pox	Scarlet Fever	Diphtheria (including Membranous Group)	Enteric Fever	Pneumonia	Cholera	Plague	Puerperal Fever	Cerebro-Spinal Fever	Acute Poliomyelitis	Acute Encephalitis	Encephalitis Lethargica	Typhus Fever	Relapsing Fever	Continued Fever	Trench Fever	Dysentery	Ophthalmia Neonatorum	Erysipelas	Pulmonary Tuberculosis	Other Tuberculosis	Malaria	
ALDERSHOT	24329		35	6	1								1						2	5	25	11		86
ALTON	5529		1																	1	6	2		10
ANDOVER	8539			12		6							6						2	3	9	8		46
BASINGSTOKE	12920		25	8															3		11	4		51
CHRISTCHURCH	6669		27	19	1	3		2												1				53
EASTLEIGH AND BISHOPSTOKE	15890		17	6		12				6									1	5	22	2		71
FAREHAM	10010		54	11	5	14		1					1						1	2	15	1		105
FARNBOROUGH	10441		6	1	1	2														1	14	4		29
FLEET	3599																			1	4			5
GOSPORT	30497		43	95	1	24				1			1						2	3	29	4		203
HAVANT	4394		7		3															1	1	3		15
LYMINGTON	4570																			2	2			4
PETERSFIELD	3912		19	1																1	2	1		24
ROMSEY	4827		5	1															2	1	7	4		20
WARBLINGTON	3940		8		1	1		1													5	1		17
WINCHESTER	23563		36	52	4	8		8		2		2							4	1	44	17		178
TOTAL URBAN	173539		283	212	17	70		12		9			11						17	28	196	62		917
TOTAL RURAL	222439		288	110	19	45		2	2	2		2	2			1			14	51	203	36	3	778
ADMINISTRATIVE COUNTY	395978		571	322	36	115		14	2	11			13			1			31	79	399	98	3	1695

County Bacteriological and Chemical Laboratories.
Chemical Analyses, Etc.

Specimens.	Quarter ended				Year ended 31st Dec., 1923.	Year ended 31st Dec., 1922.
	31st March, 1923.	30th June, 1923.	30th Sept., 1923.	31st Dec., 1923.		
Water	31	66	72	73	242	269
Tar	6	9	12	—	27	17
Urine	7	6	9	—	22	3
Milk	7	19	1	2	29	59
Sewage	4	7	5	4	20	10
Other Materials for Analysis ...	4	3	3	7	17	19
Total, 1923 ...	59	110	102	86	357	377

Bacteriological Examinations.

Specimens.	Quarter ended				Year ended 31st Dec., 1923			Total	Total
	31st March, 1923	30th June, 1923	30th Sept., 1923	31st Dec., 1923	Negative	Positive	Doubtful Positive	1923	1922
Diphtheria (Swabs)	2080	668	831	1295	4680	194	—	4874	2604
Tuberculosis (Sputa)	266	326	322	273	951	336	—	1187	927
Other Specimens for T.B.	4	8	30	9	51	—	—	51	27
Specimens for Typhoid	77	33	56	32	167	31	—	198	655
Cerebro Spinal Fluid...	1	6	2	1	9	1	—	10	3
Water	13	20	25	32	—	—	—	91	41
Ringworm ...	134	146	115	135	222	308	—	530	572
Vaccines ...	2	3	2	5	12	—	—	12	24
Pathological Specimens	3	2	2	5	12	—	—	12	15
Urine ...	12	16	8	7	43	—	—	43	46
Blood Counts ...	1	—	2	4	—	—	—	7	4
Various Materials for Organisms	5	15	5	8	—	—	—	33	60
Fæces	—	—	—	2	—	—	—	2	—
Blood for Wassermann Reaction	321	268	252	243	736	255	93	1084	1129
Pus for Gonococci ...	66	73	49	39	179	48	—	227	253
„ „ Spirochætes ...	2	2	—	5	7	2	—	9	1
Total ...	2987	1586	1701	2096	—	—	—	8370	6361

